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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/18/2010
FORM APPROVED
OMB NO. 0938-0391

45th 9/25/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 047 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the exits signs.</p> <p>The findings include:</p> <p>Observation of the recreation room on 8/9/10 at 10:00 AM, revealed the exit sign was not illuminated. National Fire Protection Association (NFPA) 101, 7.10.5.1</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10.</p>	K 047	<p>K047</p> <p>On 8/11/10 the Exit light in the recreation room was replaced with new light bulbs. Weekly rounds will be made routinely to ensure all exit lights are working properly. The Maintenance Director will monitor the building on an ongoing basis.</p>	8/11/10	
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by:</p>	K 050	<p>K050</p> <p>Weekly fire drills have been conducted to train the partners on proper evacuation procedures. Mandatory in-service will be conducted on 8/31/10 for all partners on Fire Safety. Monthly fire drills will be continued. Monitors will continue as recommended by the Quality Assurance Committee.</p>	8/31/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Admin Foster**Administrator*

8/27/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 Based on observation it was determined the facility failed the fire drill. The findings include: Observation during the fire drill on 8/9/10 at 10:14 AM, revealed the staff failed to immediately call out the code red, location of the fire, and close the room door. National Fire Protection Association (NFPA) 101, 19.7.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 050			
K 054 SS=D	All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the smoke detectors. The findings include: Observation of the activity room on 8/9/10 at 9:35 AM, revealed a smoke detector was in the direct path of the air diffuser. National Fire Protection Association (NFPA) 72, 2-3.5.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 054	K054 The Maintenance Director inspected the Activity Room on 8/09/10 & revealed the smoke detector was in the path of the air diffuser. The smoke detector was moved on 8/11/10 to meet compliance of the National Fire Protection Association.	8/11/10	
K 062 SS=D		K 062			

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K 062	Continued From page 2 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the 2 East food storage room located in the 2nd floor on 8/9/10 at 10:26 AM, revealed the sprinkler's escutcheon plate was missing. National Fire protection Association (NFPA) 13, 3.2.8 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 062	K062 The Maintenance Director inspected the 2 East food storage room on the 2nd floor which revealed the escutcheon plates were missing. On 8/18/10 the escutcheon plates in the 2 East food storage room on the 2nd floor were replaced. The Maintenance Director will monitor on an on-going basis.	8/18/10	
K 147 SS#E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the electrical system. The findings include: Observation of the electrical panel by room 165 on 8/9/10 at 9:25 AM, revealed the panel had an open space. National Fire Protection Association	K 147			

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K 147	<p>Continued From page 3 (NFPA) 70, 373-4</p> <p>Observation of the activity room located in the 1st floor on 8/9/10 at 9:40 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI). NFPA 70, 210-8(a)(5)</p> <p>Observation of the kitchen on 8/9/20 at 10:10 AM, revealed not all of the electrical outlets were ground fault circuit interrupters (GFCI). NFPA 70, 517-20</p> <p>Observation of the 2nd floor West nurses station on 8/9/10 at 10:30 AM, revealed the electrical panel was blocked with a chair. NFPA 70, 110-26(a).</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/10.</p>	K 147	<p>K147</p> <p>The Maintenance Director inspected the electrical panel by room 165 and revealed the panel had an open space. On 8/18/10 the electrical panel was replaced. The activity room located on the 1st floor revealed an electrical outlet next to the sink was not a ground fault. On 8/11/10 the GFCI was replaced. The kitchen revealed that not all the electrical outlets were GFCI. They were inspected and replaced on 8/11/10. The 2 West nurses station revealed the electrical panel was blocked with a chair. Staff will be in-serviced on 8/31/10 to maintain NFPA 70. The Maintenance Director will continue to monitor for compliance with NFPA 70 on an ongoing basis.</p>	8/31/10